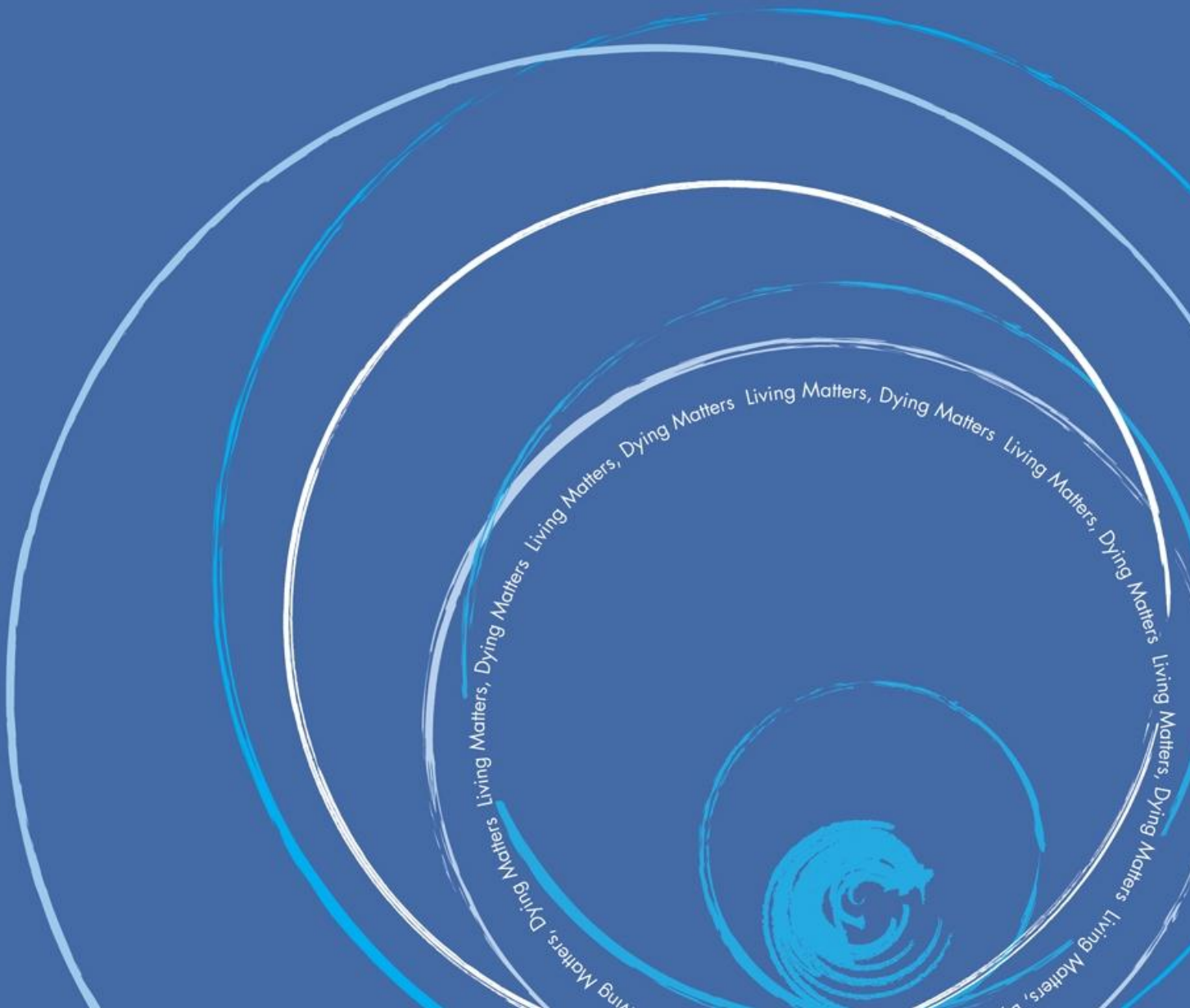
HSC Health and Social Care

Palliative and End of Life Care Competency Assessment Tool



Permission has been given by the Northern Ireland Practice and Education Council to reproduce and adapt elements of the document - Supporting Professional Development: A Competence Assessment Tool for Ward Sisters/Charge Nurses (NIPEC, 2011).

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CONTENTS

		Page
Foreword		3
Purpose		4
Policy Drivers		4
Background		4
Domains		5
Why Use the Assessment Tool?		7
How do I Assess Myself?		8
How do I use the Competence Assessment Tool?		9
TIERS 1 AND 2:		
Domain 1	Overarching values and knowledge	13
Domain 2	Communication Skills	21
Domain 3	Assessment and Care Planning	26
Domain 4	Symptom Management, Maintaining Comfort and Wellbeing	34
Domain 5	Advance Care Planning	36
TIER 3:		
Domain 1	Overarching values and knowledge	40
Domain 2	Communication Skills	49
Domain 3	Assessment and Care Planning	55
Domain 4	Symptom Management, Maintaining Comfort and Wellbeing	62
Domain 5	Advance Care Planning	64
Appendix 1	Evidence of Competency to Meet Your Learning and Development Needs	67
Appendix 2	Examples of Health and Social Care Staff within each Tier (Competency Tiers 1-3)	68

FOREWORD

The Living Matters Dying Matters: a Palliative and End-of-Life Care Strategy states as its vision, *'that people with an advanced non-curative condition, live well and die well, irrespective of their condition or care setting'.*

Health and social care staff, in all care settings - whether hospital, community, hospice or home - are central to this vision, and education, learning and development are crucial to their success.

As chair of the Living Matters Dying Matters Implementation Board, I am delighted to endorse The Palliative and End-of-Life Care Competency Assessment Tool (PELCCT).

I have no doubt that this will be a valuable tool to assist all staff in identifying training and development needs, which will, in turn, help ensure that we continuously improve the quality of care which we deliver to those with palliative care needs.

This work began development under the auspices of the NICaN Supportive and Palliative Care Group. Over time it developed, incorporating a mapping of the competency areas with the domains in the Knowledge and Skills Framework (KSF) and the Department of Health UK National End of Life Care Strategy guidance document, *Core Competencies for End of Life Care, Training for Health and Social Care Staff* (DOH 2008).

This process was facilitated by the Northern Ireland Practice and Education Council for Nurses and Midwives (NIPEC), in collaboration with the NICaN Supportive & Palliative Care Coordinator, and the members of the Living Matters Dying Matters, Education and Development Sub-group. I am indebted to all who have been involved in developing or contributing to this work; your commitment to improving the quality of care to those with palliative care needs is illustrated in the attention to detail in this work, and your enthusiasm in approach.

I commend this resource to you and I look forward to continuing to develop and grow all of our staff who, with families, carers and people requiring palliative care services, are at the front line of palliative care provision in Northern Ireland.

Chair of the Living Matters Dying Matters Implementation Board

PURPOSE

The Competency Assessment Tool has been developed by a multidisciplinary group, currently practising within the Health & Social Care Trusts, the independent and the voluntary sector. The competencies within the tool can be interpreted and applied across the range of sectors, settings and disciplines which provide palliative and end-of-life care. They are inclusive of all adult populations, regardless of diagnosis, culture or need. The Assessment Tool will assist individuals to build on the skills they already have, shaping professional practice in accordance with the document *Living Matters: Dying Matters, a Strategy for Palliative and End of Life Care for Adults in Northern Ireland* (Department of Health and Social Services and Public Safety, 2010).

BACKGROUND

The Palliative and End of Life Care Competency Assessment Tool (PELCCT) has been developed from the *NICaN Framework for Generalist and Specialist Palliative and End-of-Life Care Competency* (NICaN, 2008). This publication has been used to influence and inform strategic drivers which have been developed.

A review of the original work was undertaken in May/June 2010, to enable the implementation of the competencies and to map the competency areas with the domains in the Knowledge and Skills Framework (KSF). It is recognized that the KSF is not applicable to all professionals who may choose to use the assessment tool; this does not, however, impact on the utility of the tool to all professionals providing palliative and end-of-life care to patients and clients.

The KSF outline document describes its functions as:

- to develop all staff through “good people management”, which in turn will enhance service development to meet the needs of patients, users and the wider public
- to develop and resource a culture of lifelong learning through a variety of media for individuals and teams
- to develop individuals within their substantive post so that they are clear about what is expected of them, and enabled to be effective
- to champion equality and diversity throughout the organisation, by using a single framework which supports learning, development and review.

PELCCT has been developed primarily by the NICaN Supportive and Palliative Care education work strand group. Valued input and engagement have also been received from The Regional Palliative and End-of-Life Care Practice and Education Facilitator Group, the Northern Ireland Post Qualification Education & Training Partnership, The Living Matters Dying Matters Education Sub-group, and the Northern Ireland Practice and Education Council (NIPEC).

The competencies have been mapped to the five domains developed by the Department of Health UK National End of Life Care Strategy guidance document *Core Competencies for End of Life Care, Training for Health and Social Care Staff* (DOH 2008). This process was facilitated by NIPEC, in collaboration with the NICaN Supportive & Palliative Care Coordinator, using the original competencies which were retained and reorganized within the five Domains outlined below.

DOMAINS

The five competency domains are listed below:

1 Overarching Values and Knowledge.

2 Communication Skills.

3 Assessment and Care Planning.

4 Symptom Management, Maintaining Comfort and Wellbeing.

5 Advance Care Planning.

Each domain has a number of competencies relative to the care and management of patients with palliative and end of life care needs. Each competency has a number of indicators against which to assess competence.

1 Overarching values and knowledge

1.1 Developing Self and Others.

1.2 Ethical Understanding.

1.3 Audit, Research and Practice Development.

1.4 Support of Self and Others.

1.5 Leadership.

2 Communication Skills

2.1 Open and Sensitive Communication.

2.2 Teamwork.

2.3 Understanding Grief.

3 Assessment and Care Planning

3.1 Holistic assessment.

3.2 Informed Decision Making.

3.3 Develop, Implement and Evaluate a Management Plan.

3.4 Appropriate Referral.

4 Symptom Management, Maintaining Comfort and Wellbeing

4.1 Symptom Management.

5 Advance Care Planning

5.1 Advance Care Planning.

5.2 Care of the Patient after Death.

The template used to set out the competency has been developed from previous competency framework development undertaken by NIPEC; permission has been given to use the framework structure.

The tool has been developed as a means of assisting practitioners and their managers in identifying development needs to ensure that high quality care is provided to patients, families and carers receiving palliative and end-of-life care. It is a self assessment tool that practitioners will use to identify their own development needs, for discussion with their managers and team leaders within a personal development/appraisal process.

WHY USE THE ASSESSMENT TOOL?

There are a number of ways in which you could utilise this framework to develop your knowledge and skills as a member of the multidisciplinary team, for example:

- To assist you with planning your career pathway
- As a process to help you assess your own competence and skills in order to identify training needs
- As part of a formal appraisal system, enabling both you and your appraiser to assess competence and identify training needs
- To plan your induction programmes as a new staff member
- To plan training for you and other team members through assessment of team competence and to identify skill mix requirements.

The level of contact you have through your job role will determine the level of knowledge and skills you require to deliver palliative and end of life care to patients and their families and careers. For the purposes of this document, three tiers have been identified, which relate to the frequency of contact that you will have with individuals who will require palliative and end-of-life care, and their families. Appendix 2 provides some examples of the relevant practitioners in each tier. It must be noted that this is not an exhaustive list.

DEFINE TIERS

Tier 1 (TI)	Infrequently provide palliative and end-of-life care as part of role
Tier 2 (T2)	Frequently provide palliative and end-of-life care as part of role
Tier 3 (T3)	Provide specialist palliative and end-of-life care

The competencies have been set out within three areas - knowledge, skills and attitude, and within two competency sets. The first set of competencies includes Tier 1 and 2 practitioners and addresses a continuum - from practitioners who will only occasionally meet patients who have palliative and end-of-life care needs and their families to those practitioners who regularly provide such care. The second set of competencies has been designed for specialists whose role focuses on providing care to patients and families

requiring care and support in relation to palliative and end-of-life care. You will identify which tier relates to your practice and select the competencies appropriate to your role.

If you are a Tier 1 practitioner, your area of practice is such that you infrequently meet patients and families requiring care and support in relation to palliative and end-of-life care. It is envisaged that you will focus on the competencies related to knowledge and attitudes, to enable you to recognise patients and their families who need such specialised care and direct them to services and practitioners with the necessary expertise.

If you are a Tier 2 practitioner, you provide care on a regular basis to patients and families in relation to palliative and end-of-life care, in addition to caring for other client groups. You are likely to select a wide range of competencies across all areas to enable you to provide high quality care to patients and families requiring care and support in relation to palliative and end of life care. You are not a specialist in the area and may require to access specialised care from the palliative and end of life care team.

As a Tier 3 practitioner, you are a specialist in palliative and end of life care and will be expected to achieve all the competencies in Tiers 1, 2 and 3.

It is also recognised that all staff working in the health and social care sector require a level of awareness of the needs of clients and patients receiving palliative and end of life care. This will enable them to communicate with care and sensitivity. It is expected that this is managed through corporate and departmental induction programmes.

HOW DO I ASSESS MYSELF?

As previously stated, the level of contact you have through your job role will determine the level of knowledge and skills you require to deliver palliative and end-of-life care to patients and their families and carers.

Your first task will be that of reviewing all competencies to identify which are relevant to your role. You will tick those competencies in the first column in the tool – applicable.

For each statement you have considered applicable, by ticking the appropriate column you will rate yourself as:

1. **I need a lot of development.**
2. **I need some development.**
3. **I feel I am well developed.**

This will enable you to assess your current level of competency and identify learning needs to develop you within your role.

HOW DO I USE THE COMPETENCE ASSESSMENT TOOL?

The Competence Assessment Tool allows you to build up a picture of how you are performing in your role. As indicated earlier, in discussion with your line manager/team leader, you will decide which competencies you feel are relevant to your role and which areas of the Competence Assessment Tool you would wish to use. The following presents an outline of the steps you should work through to derive the most benefit from the Assessment Tool.[1]

Step 1 Assess

Assess your knowledge, skills and attitudes using the Competence Assessment Tool to find out about your learning and development needs. Compile your evidence to support your assessment. Appendix 1 provides examples of evidence you may use.

You can assess yourself against all of the competence statements within each domain, or as many as apply. Look at the competence statements within each competency domain and area and assess yourself in terms of your learning and development needs, using the rating scale identified above.

It generally takes about 30 minutes to assess yourself against all the competence statements. When you have finished, review what you have ticked against the rating

[1] ***Adapted from the NIPEC Learning Needs Analysis: Guide for Ward Managers and Team Leaders (NIPEC, 2009).***

scales of 1 (need a lot of development), 2 (need some development) and 3 (well developed).

Best Practice Tips

Before starting your assessment, you may find it helpful to discuss the competence statements with one of your peers. You should also test your self-assessment with your line manager. Be honest with yourself when thinking about your role and your learning and development needs; rate yourself realistically.

Inviting others to assess you

You can, if you wish, approach different people and ask them to assess you. People you may want to approach will include: your peers; your line manager(s); members of your team; colleagues you work with inside or outside your organisation, or perhaps patients/relatives. You may be able to think of others. This is commonly known as a 360 degree assessment. When you have decided who you would like to assess you, you will need to ask them if they are happy to take part in the process. Provide your assessor with a photocopy of the assessment tool. Your assessor should return the completed assessment to you.

Best Practice Tips

Think carefully about whom you ask to be your assessor. A colleague, who is also a close friend, may not be the best person to approach. Consider someone you respect, and whose opinion you would value, and who is aware of how you perform in your role. Think carefully about how you approach patients and relatives if you wish to seek their opinion.

Gathering your results

Once you have completed your self-assessment and, where applicable, gathered the results of those who have assessed you, you are ready to look at what your learning and development needs are. You can collate your assessment results to determine your learning and development needs by the number of ticks in each rating column. For examples of evidence of competency to meet your learning and development needs, see Appendix 1.

Step 2 Plan

Plan your learning and development needs from your assessment results. Record and prioritise your overall learning and development needs with your line manager using your KSF personal development plan, if relevant, or other agreed appraisal system.

Identifying your learning and development needs

Your assessment results will show you the areas in which you are performing well, and the areas that need development. This will help you prioritise your learning and development needs. For example, if a particular domain or competency area has a high number of ratings of 1 (need a lot of development), you may wish to prioritise development in this area over the coming months. A domain or competency area with a high number of ratings of 3 (well developed), is one which does not require as much attention. You may also wish to include in your assessment competencies from other frameworks, which are relevant to your role. Remember, there is no time limit on completing an assessment; it would, however, be considered reasonable to complete your assessment within 4-6 weeks.

Plan your learning and development

You will find the information from the Competence Assessment Tool useful for your supervision sessions and annual development review meetings. Discuss your development needs and possible learning activities with your supervisor and/or line manager. You may also choose to use your results as an opportunity to have further discussion with some of the people who assessed you. Once you have agreed relevant learning outcomes with your supervisor or line manager, record these in your KSF, or other personal development plan, and in your professional portfolio.

Best Practice Tips

Try to select no more than two or three areas for development. This will allow you to be more targeted in relation to the learning activities you undertake.

Step 3 Implement

the learning and development activities agreed with your line manager in your KSF or other agreed personal development plan process. This should include a meeting with your manager to discuss progress.

Complete your learning and development

It is important that you make, and take, time to undertake your chosen learning and development activities. Keep an up-to-date record of these in your KSF or other personal development plan. You should meet with your line manager or supervisor at agreed times to review your progress and to seek any additional help. At the end of this stage, you must be able to demonstrate successful achievement of your identified learning outcomes within the time frame agreed with your line manager.

Best Practice Tips

Remember to record learning and development activities which are part of your everyday work activities, or which are problems or new events you come across, as well as courses you attend.

Step 4 Evaluate

Evaluate your learning and development in relation to improvements in your knowledge, skills and attitudes, with regard to your role in palliative and end-of-life care. Maintain a record of your learning and development in your portfolio, to support your preparation for your supervision sessions or development review meetings.

It is important to evaluate the learning and development activities you have undertaken in relation to improvements in your knowledge, skills and attitudes and the impact this has had on your role. You may also wish to consider at this point anything you would have done differently. Remember to keep these reflections in your portfolio; reflections will also support your preparation for your supervision sessions or development review meetings.

Tiers 1 and 2 Competency Assessment

DOMAIN 1: Overarching values and knowledge

This domain has been mapped against the following KSF dimensions: C1, C2, C3, C4, C5, C6, HWB2

Competence area 1.1: Developing Self and Others
Competence area 1.2: Ethical Understanding
Competence area 1.3: Audit, Research and Practice Development
Competence area 1.4: Support of Self and Others
Competence area 1.5: Leadership

Competence area 1.1: Developing Self and Others

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Have a knowledge of reflective practice				
2.	Explain the need for continuous professional development				
3.	Have an understanding of how the appraisal system, professional development planning and clinical supervision can be used to enhance both professional and personal development				
4.	Understand own boundaries and learning needs				
5.	Awareness of educational and development opportunities in Palliative Care				

Skills		N/A	1	2	3
1.	Undertake reflective practice and evaluates the impact of same				
2.	Participate in education and learning to improve outcomes for patients with palliative and end-of-life care needs				
3.	Identify gaps in knowledge and accesses appropriate educational and development opportunities in palliative care				

Attitudes		N/A	1	2	3
1.	Value the need for professional development				

Competence area 1.2: Ethical Understanding

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Discuss ethical principles and their application to palliative care				
2.	Identify the common ethical issues that impact on palliative and end-of-life care				
3.	Identify and discuss issues such as informed choice, mental capacity/incapacity legislation, consent , confidentiality and patient autonomy				
4.	Identify the ethical and legal management issues that impact on symptom management				

Skills		N/A	1	2	3
1.	Collaborate with others in the use of an ethical framework which guides decision making in the context of palliative and end of life care				
2.	Demonstrate the application of ethical principles in palliative and end of life care				
3.	Implement and monitor outcomes of ethical decisions				
4.	Share and document information sensitively and while respecting confidentiality				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Value the need for ethical decision making in palliative and end of life care				

Competence area 1.3: Audit, Research and Practice Development

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Understand audit and research processes and their uses to improve practice				
2.	Discuss research studies appropriate to palliative and end-of-life care				

Skills		**N/A**	**1**	**2**	**3**
1.	Contribute to, and assist with, palliative care research, practice development and audit				
2.	Contribute to the evaluation of audit and research in order to improve practice in palliative and end-of-life care				
3.	Be able to apply research findings to improve outcomes				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Value the contribution of audit to standards of care				
2.	Value the contribution of R&D to the evidence base for palliative and end-of-life care				

Competence area 1.4: Support of Self and Others

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Awareness of triggers and reactions to stressful/distressing situations				
2.	Describe support systems available and how to access services				
3.	Understand how one's own personal beliefs and philosophy of life impact on the ways we act and interact with others				
4.	Show sensitivity and respect to individual beliefs and cultural requirements				
5.	Understand how life experience and circumstances can impact on the therapeutic relationship				

Skills		**N/A**	**1**	**2**	**3**
1.	Demonstrate an appreciation of how losses in own life may impact on practice				
2.	Ability to care for own health, including recognising and managing stressors				
3.	Recognise the need for support for self and others in palliative and end-of-life care and utilise appropriate support systems				
4.	Use sensitive communication skills and self-awareness to understand support				
5.	Demonstrate sensitively respect for individual beliefs and cultural requirements				

Attitudes		N/A	1	2	3
1.	Respect the need for professionals to acknowledge their own stresses and limitations, when delivering palliative and end-of-life care				
2.	Value the need for clinical supervision				

Competence area 1.5: Leadership

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Discuss the concept of effective leadership				
2.	Describe the principles of palliative care				
3.	Show knowledge of local, regional and national policies and guidelines in relation to palliative care				

Skills		N/A	1	2	3
1.	Demonstrate appropriate leadership skills to influence the provision of quality palliative and end-of-life care				
2.	Show understanding of the change process and how you could enable change in your practice				
3.	Influence others through effective communication and dissemination of knowledge and information to promote positive outcomes for patients/families/ carers				
4.	Discuss how you would apply effective leadership skills to empower patient choice				
5.	Demonstrate that you can manage your time effectively within your role				
6.	Demonstrate appropriate leadership skills to influence the provision of quality palliative and end-of-life care				

Attitudes		N/A	1	2	3
1.	Value the need for direction and guidance in the management and delivery of palliative and end-of-life care				

DOMAIN 2: Communication Skills

This domain has been mapped against the following KSF dimensions: C1, C4, C5

Competence area 2.1: Open and Sensitive Communication
Competence area 2.2: Teamwork
Competence area 2.3: Understanding Grief

Competence area 2.1: Open and Sensitive Communication

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	List the components of open and sensitive communication				
2.	Describe the four core skills of communication (active listening, questioning, attending and empathy)				
3.	Explain the use of open and sensitive communication with patients/families/carers to inform and support them throughout their experience of care to achieve optimum outcomes				
4.	Explain the importance and impact of non-verbal and verbal communication within all aspects of care				

	Skills	N/A	1	2	3
1.	Demonstrate sensitive and effective verbal and non-verbal communication skills with patients/families and carers				
2.	Interact with patients and those who matter to them in an open and empathic manner, recognising the importance of giving time where receptive or expressive communication is more difficult				
3.	Use the four core skills of communication to develop a relationship with patients/family/carers				
4.	Use open and sensitive communication with patients/families/carers, taking cognisance of those with diverse cultural, religious and special needs				
5.	Prepare effectively to communicate sensitive information to patients/carers by, for example, gathering all relevant information				

	Attitudes	N/A	1	2	3
1.	Value the importance of establishing a rapport with the patient/carer based on openness, honesty and trust				
2.	Show respect for cultural and religious diversity when communicating with the family unit				

Competence area 2.2: Teamwork

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge	N/A	1	2	3
1. Identify and explain the need for inter-disciplinary team working				
2. List the components necessary to give a comprehensive report in a practice setting				
3. Identify the need to consider patient/family/carer as core team members when considering appropriate care				

Skills	N/A	1	2	3
1. Use effective communication with all appropriate members of the interdisciplinary team to determine appropriate care outcomes				
2. Effectively work in partnership with other specialist teams				
3. Be able to complete relevant documentation in a timely and responsive way				
4. Effectively deliver a presentation/report to a person, or group of people, using good information, interpersonal and clarification skills				

Attitudes		N/A	1	2	3
1.	Respect the roles, responsibilities and boundaries in multiprofessional working				
2.	Value the opinions and views of others				
3.	Value the collaborative approach to working with other services across various sectors				

Competence area 2.3: Understanding Grief

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Awareness of the range of grief responses; this enables you to assess and support those dealing with loss and bereavement				
2.	Awareness of the use of risk assessment tools in managing grief				
3.	Awareness of the referral mechanisms to appropriate support services				

Skills		**N/A**	**1**	**2**	**3**
1.	Be able to assess grief reactions and help identify beneficial support mechanisms				
2.	Enable referral of patient, family and carer to appropriate support mechanism when necessary.				
3.	Be able to provide support according to individual circumstances				
4.	Demonstrate self-awareness of own limitations in supporting those who grieve				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Respect the individual nature of the grief response				

DOMAIN 3: Assessment and Care Planning

This domain has been mapped against the following KSF dimensions: C1, C2, C4, C5, C6, HWB2

Competence area 3.1: Holistic assessment
Competence area 3.2: Informed Decision Making
Competence area 3.3: Develop, Implement and Evaluate a Management Plan
Competence area 3.4: Appropriate Referral

Competence area 3.1 Holistic assessment

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Describe the physical, psychological, social, and spiritual domains of palliative care				
2.	Explain the difference in spiritual and religious needs within palliative care				
3.	Identify the spiritual and/or religious needs of patients/families/carers and describe how they may be addressed				
4.	Demonstrate an understanding of the tools which may be utilised in the assessment process				
5.	Be aware of how information and clinical data can inform the assessment process				
6.	Demonstrate awareness of the needs of individual family members, and the family as a unit				

Skills		N/A	1	2	3
1.	Utilise appropriate, validated tools to inform a holistic patient assessment				
2.	Identify from patient assessment when to refer to specialist palliative care or other agencies, taking account of available guidelines				
3.	Identify the care needs of people from different cultural and religious backgrounds				

Attitudes		N/A	1	2	3
1.	Show respect for the individuality of each patient and family				
2.	Respect the cultural diversity among patients, families, and professionals				

Competence area 3.2: Informed Decision Making

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Explain the importance of clinical information to inform patient management				
2.	Identify the data and tools used in planning care				
3.	Explain the importance of timely review in order to evaluate patient care				
4.	Identify the current evidence for interpreting clinical data and information and explain how this informs diagnosis, patient management and decision making				
5.	Maintain awareness of current guidelines or legislation in relation to an individual's capacity to consent to examination, treatment or care				

Skills		**N/A**	**1**	**2**	**3**
1.	Be able to develop and implement operational policies and clinical care pathways in relation to the holistic needs of patients and those who matter to them				
2.	Assess clinical situations and interpret information appropriately				
3.	Set realistic goals in partnership with patient/carer				
4.	Utilise current evidence to guide practice				

5.	Be able to take into account health and safety, legal, cultural spiritual and religious requirements in palliative and end of life care				
6.	Show sensitivity and respect to individual beliefs and cultural requirements				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Respect the patient's right to self-determination in decision making				

Competence area 3.3: Develop, Implement and Evaluate a Management Plan

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Describe the holistic management of patients requiring palliative care				
2.	Discuss the role of local, regional and national support in empowering patients through self-care				
3.	Describe the factors that influence the dynamics of the patient/families/carer relationship				

Skills		**N/A**	**1**	**2**	**3**
1.	Regularly review and evaluate care management plans and update appropriately				
2.	Recognise and report gaps in care in order to improve outcomes				
3.	Use and complete relevant documentation to record and enable evaluation of management plans				
4.	Develop, implement and evaluate a management plan to meet identified needs in palliative and end-of-life care				
5.	Communicate with family/carers, as appropriate, to determine anticipated care outcomes				

Attitudes		N/A	1	2	3
1.	Value the contribution of the MDT in the planning, delivery and evaluation of care				
2.	Value the input from the patient, family and carers to the overall plan of care				

Competence area 3.4: Appropriate Referral

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Describe how and when access to specialist palliative care services is appropriate				
2.	Identify available guidelines which can inform the decision to refer to specialist palliative care team or other disciplines				
3.	Understand the need for timely management and/or referral to the specialist team in suspected cases of palliative care emergency				

Skills		**N/A**	**1**	**2**	**3**
1.	Recognise own limitations to manage difficult issues, and refer to faith representatives, other members of the inter-disciplinary team and/or other support, as appropriate				
2.	Refer to other members of the inter-disciplinary team for assessment and intervention, as appropriate				
3.	Refer in a timely and appropriate way to other agencies and services				
4.	Refer in an appropriate and timely manner to specialist palliative care team, or other disciplines and agencies, as necessary				

Attitudes	N/A	1	2	3
1. Value the need for specialist referral in patient care				

DOMAIN 4: Symptom Management, Maintaining Comfort and Wellbeing

This domain has been mapped against the following KSF dimensions: C1, C3, HWB2

Competence area 4.1: Symptom Management

Competence area 4.1: Symptom Management

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Explain the importance of a holistic approach to symptom assessment and management				
2.	Describe the principles of palliative symptom management for patients with advanced progressive disease				
3.	Identify the common physical, spiritual, and psychosocial issues that impact on symptom management				
4.	Describe how deterioration of the patient's condition can be identified within advanced disease				
5.	Describe the causes and presentation of palliative care emergencies				

		1	2	3

Skills		N/A	1	2	3
1.	Utilise appropriate skills to assess and manage symptoms				
2.	Use professional judgment within palliative care emergency situations to inform clinical decisions				
3.	Recognise the limitations of own expertise in palliative and end-of-life care.				
4.	Recognise and report common and serious adverse effects and manage appropriately				
5.	Apply appropriate judgment to inform symptom management, in meeting the palliative and end-of-life care needs of the patient				
6.	Be able to implement and monitor outcomes of both pharmacological and non-pharmacological management plans				

Attitudes		N/A	1	2	3
1.	Value the need for patient-centered holistic assessment				
2.	Value the input from the MDT in the identification of individual patient needs				

DOMAIN 5: Advance Care Planning

This domain has been mapped against the following KSF dimensions: C1, C2, C3, C4, C5, C6

Competence area 5.1: Advance Care Planning

Competence area 5.2: Care of the patient after death

Competence area 5.1: Advance Care Planning

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Demonstrate awareness and understanding of Advanced Care Planning, and the times at which it would be appropriate				
2.	Demonstrate awareness and understanding of the legal status and the implications of the Advanced Care Planning process in accordance with Organisational Policy and Guidance				
3.	When appropriate, know what the Advanced Care Planning statement contains, and how this will impact upon an individual's care delivery				
4.	Where appropriate, ensure that the wishes of the individual, as described in an advanced Care Planning statement, are shared (with permission) with other workers, families and those who matter to the individual				

Skills		N/A	1	2	3
1.	Work sensitively with families and those who matter to the patient, to support them as the individual decides upon his/her preferences and wishes during the Advanced Care Planning process				
2.	Demonstrate use of relevant documentation in the Advanced Care Planning Process, in accordance with Trust policy and guidance				

Attitudes		N/A	1	2	3
1.	Treat everyone with whom you come into contact with dignity, respect, humanity and compassion				
2.	Value autonomy and the right to self-determination				
3.	Value the ethical principles involved when planning care				
4.	Respect the need for dignity of the patient and family at all times				

Competence area 5.2: Care of the Patient after Death

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Outline the practical issues surrounding the death of a patient, for example, death certification and registration, coroner's cases and post-mortems				
2.	Demonstrate knowledge of issues and policies relating to any legal, cultural, religious or health and safety requirements when caring for the patient's body				

Skills		N/A	1	2	3
1.	Be able to provide information/advice to families relating to the practical issues that surround death				
2.	Care for the patient's body after death, respecting any wishes expressed by the family and any particular religious rites				
3.	Ensures appropriate identification/verification/ certification of death, and care of the patient's body throughout duration of care				
4.	Complete relevant documentation relating to death				
5.	Ensure effective communication with all relevant individuals concerned				

Attitudes	N/A	1	2	3
1. Value the need for dignity and respect towards the patient and others at and around the time of death				

Tier 3 Competency Assessment

DOMAIN 1: Overarching Values and Knowledge

This domain has been mapped against the following KSF dimensions: C1, C2, C3, C4, C5, C6, HWB2

Competence area 1.1: Developing Self and Others
Competence area 1.2: Ethical Understanding
Competence area 1.3: Audit, Research and Practice Development
Competence area 1.4: Support of Self and Others
Competence area 1.5: Leadership

Competence area 1.1: Developing Self and Others

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Explain how to reflect upon, and learn from, own practice				
2.	Describe the range of learning theories and learning styles of self and others				
3.	Describe the range and use of flexible modes of educational delivery				

Skills		N/A	1	2	3
1.	Create an effective learning environment				
2.	Deliver education using various methodologies and effective presentation skills				
3.	Undertake study at an advanced level to improve outcomes in specialist palliative and end-of-life care				
4.	Continuously develop and maintain the knowledge base required for the delivery of specialist palliative and end-of-life care				
5.	Identify boundaries between professions in relation to own specialist expertise				
6.	Be able to reflect on own expertise and limitations and take appropriate action				
7.	Be able to identify ongoing training needs for self and others				
8.	Be able to use a range of learning theories in order to develop and transfer knowledge to a variety of audiences				
9.	Use appraisal systems, professional development planning and supervision				
10.	Utilise skills of reflection and role model this for the benefit of others through practising supervision and facilitation skills				

Attitudes		N/A	1	2	3
1.	Value the need for professional development				

Competence area 1.2: Ethical Understanding

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Critically discuss legal, ethical and professional issues, such as informed choice, consent and empowerment				
2.	Critically discuss ethical principles and theories and their application to specialist palliative care				
3.	Demonstrate knowledge and understanding of capacity/incapacity legislation				
4.	Determine the complex ethical issues that surround treatment of patients, and the appropriate response to outcomes				

Skills		**N/A**	**1**	**2**	**3**
1.	Be able to demonstrate and lead in the application of the ethical principles to palliative and end-of-life care dilemmas				
2.	Take account of capacity/incapacity legislation in relation to delivery of care				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Value the need for ethical decision making in palliative and end-of-life care				

Competence area 1.3: Audit, Research and Practice Development

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Have an understanding of research and practice development methodologies				
2.	Explain the difference between audit and research				
3.	Critically discuss the importance of consistently drawing on research literature and own experience to influence advanced practice				
4.	Critically discuss the methodology and ethical issues which arise in Audit and Research involving patients with palliative care needs				
5.	Discuss the importance of, and methods of disseminating, research findings				

Skills		**N/A**	**1**	**2**	**3**
1.	Actively participate in audit, practice development and research to improve the evidence base for specialist palliative and end-of-life care				
2.	Identify the evidence base in palliative and end-of-life care and determine priorities for audit, research and practice development				
3.	Critically evaluate research studies relevant to palliative and end-of-life care				

4.	Utilise knowledge of research and current specialist evidence to guide practice				
5.	Apply audit and research skills				
6.	Be able to develop, use and analyse different methods of data collection				
7.	Be able to write and present evaluation reports				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Value the contribution of audit to standards of care				
2.	Value the contribution of R&D to the evidence base of practice for palliative and end of life care				

Competence area 1.4: Support of Self and Others

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Explain coping strategies which may be used to help support self, staff and families				
2.	Identify one's own spirituality				
3.	Discuss the complex spiritual and/or religious needs of patients/carers and staff				
4.	List and describe own stress triggers and reactions to stressful/distressing situations				
5.	Describe support systems available, and how to access these services				

Skills		N/A	1	2	3
1.	Demonstrate self-awareness regarding losses in own life				
2.	Recognise the need for support for self and others in specialist palliative and end-of-life care and utilise appropriate support systems				
3.	Be sensitive and respectful to individual beliefs and cultural requirements				
4.	Support patients and families through uncertainty by discussing care options and coping strategies				

5.	Act as a prime resource in providing advice, information and support to patients, family and other health care workers				
6.	Articulate and reflect palliative care skills and in-depth knowledge, enabling others to learn				
7.	Recognise how one's personal beliefs and philosophy of life impact on the way we act and interact with others				
8.	Use good interpersonal skills and be able to use own life experience to understand, support and listen to others				
9.	Encourage and undertake reflective practice through models of supervision and peer support				
10.	Utilise timely reaction to stress triggers and be able to manage own stresses				
11.	Utilise mentorship and supervisory skills				
12.	Take appropriate care of own health				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Respect the need for professionals to acknowledge their own stresses and limitations when delivering palliative and end-of-life care				
2.	Value the need for clinical supervision				

Competence area 1.5: Leadership

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Critically discuss the concepts of effective leadership and management				
2.	Critically discuss the knowledge and evidence base underpinning specialist palliative care				
3.	Critically discuss local, regional and national policies, strategies and guidelines				

Skills		**N/A**	**1**	**2**	**3**
1.	Contribute to local, regional and national agendas to influence practice and policy in specialist palliative and end-of-life care				
2.	Explain the change process				
3.	Influence others through effective communication and dissemination of knowledge and information to promote positive outcomes for patients/families/ carers				
4.	Apply effective leadership and management skills to empower patient choice and interdisciplinary working				
5.	Create an affirming and empowering environment for patients/carers and staff				
6.	Be able to apply effective time management skills by achieving objectives in the time frame agreed				

7.	Disseminate new evidence to inform practice across different settings				
8.	Articulate and negotiate palliative care issues at a strategic level, recognising competing agendas and priorities				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Value the need for direction and guidance in the management and delivery of palliative and end-of-life care.				

DOMAIN 2: Communication Skills

This domain has been mapped against the following KSF dimensions: C1, C4, C5

Competence area 2.1: Open and Sensitive Communication

Competence area 2.2: Teamwork

Competence area 2.3: Understanding Grief

Competence area 2.1: Open and Sensitive communication

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Explain the components of open and sensitive communication in palliative care				
2.	Discuss the four core skills of communication (active listening, questioning, attending and empathy)				
3.	Critically analyse the use of open and sensitive communication with patients/families/carers to inform and support them throughout their experience of care to achieve optimum outcomes				
4.	Critically discuss how a therapeutic carer/patient relationship may be developed and sustained				
5.	Explain the importance and impact of non-verbal and verbal communication				
6.	Explain the therapeutic nature of caring				

Skills		N/A	1	2	3
1.	Utilise advanced effective communication skills to meet the needs of patient/family, taking cognisance of those with diverse cultural or special needs				
2.	Develop therapeutic relationships to enable complex discourse with patients and those who matter to them				
3.	Demonstrate ability to engage fully with patients, recognising the importance of time where receptive or expressive communication is more difficult				
4.	Effectively prepare by gathering all relevant information regarding the patient and ensure preparation of the environment for sensitive communication - for example, breaking bad news				
5.	Deal effectively with complex communication issues, taking cognisance of confidentiality and appropriate disclosure of information				
6.	Be able to relate to patients/carers in a non-judgmental way, with therapeutic communication skills that demonstrate active listening and empathy				
7.	Be able to communicate sensitively and effectively where difficult issues are identified, e.g., where tensions and conflict are present				

Attitudes		N/A	1	2	3
1.	Value the importance of establishing a rapport with the patient/carer based on openness, honesty and trust				
2.	Show respect for cultural and religious diversity when communicating with the family unit				

Competence area 2.2: Teamwork

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Explain the concept of effective interdisciplinary teamwork				
2.	Critically discuss the importance of interdisciplinary, interagency working to appropriate patient-centred management				
3.	Critically discuss the need to consider patients/ carers as core team members when developing appropriate management plan				
4.	Acknowledge the skills that other members of the interdisciplinary team possess in relation to spiritual care				
5.	Explain the need for interdisciplinary teamwork and/or shared care				
6.	List key stakeholders and providers of palliative care regionally				

Skills		N/A	1	2	3
1.	Complete documentation and ensure effective communication with relevant individuals				
2.	Work in partnership with other specialist teams and interpreting services				
3.	Work collaboratively within the interdisciplinary team				

Attitudes		N/A	1	2	3
1.	Respect the roles, responsibilities and boundaries in multiprofessional working				
2.	Value the views and opinions of others				
3.	Value the collaborative approach to working with other services across various sectors				

Competence area 2.3: Understanding Grief

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Identify the range of grief responses				
2.	Discuss the theories of loss, grief and bereavement				
3.	Describe grief reactions, including complicated grief and the use of risk assessment tools				
4.	Critically discuss the impact of loss in families				

Skills		**N/A**	**1**	**2**	**3**
1.	Appropriately assess and manage those dealing with loss and bereavement in specialist palliative and end-of-life care, including complicated grief				
2.	Use advanced communication skills to support and empower those experiencing loss				
3.	Be able to assess and manage risk, provide support according to individual circumstances and refer appropriately				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Respect the individual nature of the grief response				

DOMAIN 3: Assessment and Care Planning

This domain has been mapped against the following KSF dimensions: C1, C2, C4, C5, C6, HWB2

Competence area 3.1: Holistic Assessment
Competence area 3.2: Informed Decision Making
Competence area 3.3: Develop, Implement and Evaluate a Management Plan
Competence area 3.4: Appropriate Referral

Competence area 3.1 Holistic assessment

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		N/A	1	2	3
1.	Describe the physical, psychological, social, and spiritual domains of assessment				
2.	Explain the nature of spiritual assessment, including religious and ethical dimensions				
3.	Critically discuss advanced illness and palliative care needs to inform a comprehensive assessment of the patient				
4.	Demonstrate knowledge of the main world faiths, humanism and atheism, with reference to beliefs and practices relating to illness, life, death and dying				
5.	Describe available tools, information and clinical data that may inform the assessment process				

6.	Explain the importance of appropriate and timely patient and family review				

Skills		**N/A**	**1**	**2**	**3**
1.	Undertake a holistic assessment of the patient with complex needs in palliative and end-of-life care, and those who matter to him/her, in collaboration with the interdisciplinary team				
2.	Utilise a wide range of skills to discern, assess and address the complex spiritual and religious needs of patients, and those who matter to them, in specialist palliative and end-of-life care				
3.	Be able to utilise appropriate validated assessment tools				
4.	Critically assess clinical situations and interpret complex information				
5.	Identify and deal confidently with physical, spiritual and psychosocial needs				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Show respect for the individuality of each patient and family				
2.	Respect the cultural and religious diversity among patients, families and professionals				

Competence area 3.2: Informed Decision Making

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Explain the principles of informed independent decision making in collaboration with interdisciplinary teams				
2.	Explain the implications of complex clinical data and information, including identification of poor prognostic indicators for patients with advanced progressive disease, to inform decision making				
3.	Critically discuss therapeutic relationships and their use with patients and carers to assist informed choices for care and treatment				
4.	Ensure awareness of self and others of current legislation in relation to an individual's capacity to consent to examination, treatment or care				

Skills		**N/A**	**1**	**2**	**3**
1.	Collaborate with others in the use of an ethical framework which guides decision making in the context of specialist palliative and end-of-life care				
2.	Apply professional judgment to make decisions and achieve appropriate care outcomes				
3.	Develop empowering and facilitative relationships with patients/family/carers to involve them in decision making				

4.	Utilise professional judgment to inform clinical decisions				
5.	Be able to set realistic goals in partnership with patient/carer				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Respect the patient's right to self-determination in decision making				

Competence area 3.3: Develop, Implement and Evaluate a Management Plan

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Understand the relationship between complex clinical data and information to inform diagnosis and decision making				
2.	Critically discuss the importance of current evidence in the interpreting of clinical data, informing diagnosis and making an appropriate decision				
3.	Discuss the use of complex clinical information, tools, data and best available evidence in relation to patient outcome				
4.	Critically discuss the nature of family dynamics within palliative care				

Skills		**N/A**	**1**	**2**	**3**
1.	Develop, implement and evaluate a management plan, using evidence-based practice to meet complex identified needs in specialist palliative and end-of-life care				
2.	Be able to reflect on practice and apply best evidence to promote best possible patient outcomes to include the use of end-of-life care tools				
3.	Display the skills of partnership working to undertake a person-centred assessment, plan management and evaluation				

4.	Be able to develop and implement operational policies and clinical care pathways				
5.	Be able to contribute to, and/or develop and administer, a spiritual care plan based on spiritual and/or religious need and review/evaluate impact of same				
6.	Be able to set realistic goals in partnership with the patient/carer				
7.	Engage patients and families in decisions about treatments and possible outcomes				
8.	Take account of the impact of family dynamics in relation to palliative and end of life care				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Value the contribution of the MDT in the planning, delivery and evaluation of care				

Competence area 3.4 Appropriate Referral

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge	**N/A**	**1**	**2**	**3**
1. Identify the range of referral pathways required to meet patients' needs				
2. Identify from impeccable patient assessment when to refer to other agencies				

Skills	**N/A**	**1**	**2**	**3**
1. Be able to apply evidence-based practice to inform appropriate referral to other agencies and services				
2. Recognise the limitations of one's own expertise in specialist palliative and end-of-life care, and refer to more appropriate disciplines and agencies				
3. Be able to refer effectively to other spiritual care resources, including chaplaincy, and clearly articulate reasons for referral				

Attitudes	**N/A**	**1**	**2**	**3**
1. Value the need for referral in patient care				

DOMAIN 4: Symptom Management, Maintaining Comfort and Wellbeing

This domain has been mapped against the following KSF dimensions: C1, C3, HWB2

Competence area 4.1: Symptom management

Competence area 4.1: Symptom management

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Have specialist knowledge and understanding of complex symptoms associated with progressive diseases				
2.	Define the physical, psychosocial and spiritual basis of symptoms and the role of validated assessment tools				
3.	Determine the complex physical, spiritual, ethical, legal and psychosocial issues that surround symptom management, including side-effects of pharmacological and non-pharmacological treatment, and the appropriate monitoring of outcomes				
4.	Explain disease trajectories, treatments and possible outcomes of treatment				

5.	List and describe palliative care emergencies, including their clinical presentation, causes, appropriate investigations and management				
6.	List the principles of specialist palliative symptom management for patients with advanced progressive illness				

Skills		**N/A**	**1**	**2**	**3**
1.	Apply appropriate clinical judgment to direct pharmacological and non-pharmacological management, in meeting the complexity of the patient's symptoms in specialist palliative and end-of-life care				
2.	Assess and manage complex symptoms associated with advanced disease, using a holistic approach and appropriate tools				
3.	Be able to utilise appropriate guidelines/ protocols when available				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Value the need for patient-centered holistic assessment				
2.	Value the input from the MDT in the identification of individual patient needs				

DOMAIN 5: Advance Care Planning

This domain has been mapped against the following KSF dimensions: C1, C2, C3, C4, C5, C6

Competence area 5.1: Advance Care Planning

Competence area 5.2: Care of the Patient after Death

Competence area 5.1: Advance Care Planning

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Understand and critically assess the legal and ethical complexities that surround advanced care planning in end of life care				

Skills		**N/A**	**1**	**2**	**3**
1.	Be willing to educate, and share with others issues surrounding advanced care planning and the advanced care planning process				
2.	Demonstrate professional duty of care to ensure that patients and families have been given, and have understood, all information they require to make end-of-life decisions				

Attitudes		N/A	1	2	3
1.	Value autonomy and the right to self-determination				
2.	Value the ethical principles involved when planning care				
3.	Respect the need for the dignity of the patient and family at all times				

Competence area 5.2: Care of the patient after death

Rating Scale

1. **Needs a lot of development**
2. **Needs some development**
3. **Is well developed**

Knowledge		**N/A**	**1**	**2**	**3**
1.	Critically discuss practicalities at the time of death – including deaths referred to the coroner				
2.	List and describe knowledge of the issues and policies in relation to caring for the body after death				

Skills		**N/A**	**1**	**2**	**3**
1.	Be able to care for the patient's body after death, respecting any wishes expressed by the family				
2.	Take into account any legal, cultural/religious or health and safety requirements				
3.	Give information/advice to families on practical issues, e.g., death certification/registration				
4.	Practice appropriate care of the patient's body for transfer/release				
5.	Be able to complete relevant documentation, and ensure effective communication in relation to death with all relevant individuals				

Attitudes		**N/A**	**1**	**2**	**3**
1.	Value the need for dignity and respect towards the patient and others at and around the time of death				

Appendix 1

EVIDENCE OF COMPETENCY TO MEET YOUR LEARNING AND DEVELOPMENT NEEDS

The following suggestions of evidence of competency achievement are not exhaustive, but can be referred to for guidance. A portfolio of evidence may be compiled containing some of the following, as appropriate:

- Certificate of attendance and evaluation of learning outcomes from seminars/courses
- Coursework submitted for academic modules/courses
- Reflective diary containing self-assessment of competence, identified learning needs and action plans
- Experiential learning: through Critical Incident Analysis, shadowing, exchange placements or secondment opportunities to specialist teams
- Anonymous case scenarios
- Anonymous care plans
- Values clarification
- 360 degree feedback
- Evidence of contribution within a journal club
- Evidence of active contribution to research and development
- Dissemination and use of research findings
- Publications/oral or poster conference presentations
- Change or project management
- Evidence of active contribution to audits, standard setting, development or review of guidelines or policy
- Planning, delivering and evaluation of teaching sessions
- Written documentation from mentors/colleagues who have observed and analysed practice
- Active involvement in supervision, mentorship and multi-disciplinary meetings
- Support.

Appendix 2

EXAMPLES (BUT NOT EXHAUSTIVE LIST) OF HEALTH AND SOCIAL CARE STAFF WITHIN EACH TIER, BUT THIS IS DEPENDENT ON ROLE AND CARE ENVIRONMENT

Tier 1 (TI)	Infrequently provide palliative and end of life care as part of role, e.g., • Midwives • Allied Health Professionals, e.g., orthoptist • Paramedic staff • Health and Social Care Support Staff • Registered Nurses in a range of settings • Social Workers • General Practitioners & Hospital Physicians • Psychologists
Tier 2 (T2)	Frequently provide palliative and end-of-life care as part of role, e.g., • Registered nurses in acute and community settings • Chronic Disease Management Practitioners, e.g., specialist nurses in cardiac care • Allied Health Professionals, e.g., Physiotherapists • Pharmacists • Hospital Chaplains • General Practitioners & Hospital Physicians • Nursing Auxiliaries working in palliative and end-of-life care settings
Tier 3 (T3)	Specialist practitioner in palliative and end-of-life care, e.g., • Palliative Care Nurse Specialist • Specialist Palliative Care Physiotherapist • Specialist Palliative Consultants • Specialist Pharmacist